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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUB FBB address above, or being facsimile transmitted to the USPTO, on the date indicated below. Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 Jacqueline Pintinics 09/13/2004 (Ditt APPLICATION NO. FILING DATE PIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/637.504 02/11/2000 Allen House LIFE-010 7600 WILE OF INVENTION COMBALED BLADDER ACTUATOR FOR USE WITH TEST STRIPS APPEN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional \$1330 \$1330 09/14/2004 EXAMINER ART UNIT CLASS-SUBCLASS ALEXANDER, LYLE 1743 436-164000 EChange of correspondence address or indication of "Fee Address" (37 CFR 1.363): 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single O Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent Li "Fee Address" indication (or "Foe Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is regulared. attorneys or agents. If no name is listed, no name will be printed. 3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Recorded: 08/11/2000 Reel/Frame: 011014/0890 Milpitas, CA Lifescan, Inc. individual Excorporation or other private group entity Please check the appropriate assignee category or categories (will not be printed on the patent); □ government tal The following fee(s) are enclosed: 4b. Payment of Fee(s); Missue Fee A check in the amount of the fee(s) is enclosed. Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached! The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form). Adyande Order of Copies Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. Director for Patents is (Date) 09/13/2004 TOM 09/13/2004 RFEKADU2 00000083 100750 09637504

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